

Membership Data Form

To be Completed by Member

Member's Social Security Number _____ - _____ - _____

Name (*Last, First, Middle*) _____

Maiden Name (*If applicable*) _____

Address _____

☐ Male ☐ Female Member's Date of Birth _____

County of Residence _____

City _____ State _____ Zip _____

Member's Telephone Number Work () _____ Home () _____

Name of Spouse (*Last, First, Middle*) _____

Spouse's Date of Birth _____

Member's Signature _____ Date _____

Member History

Previous Service:

Arkansas Public Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas State Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas Highway Dept	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Arkansas State Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Private Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Out-of-State Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____
Active Military Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates _____

Have you ever participated in an Alternate Retirement Plan? (ie. TIAA-Cref, Valic) ☐ Yes ☐ No

Have you ever been a member of ATRS? ☐ Yes ☐ No

Have you ever received a refund? ☐ Yes ☐ No

To be Completed by Employer

Employer _____ Employer Code _____

Member's Primary Position _____

Is Member: ☐ Full-time ☐ Part-time OR

Is member a contract employee: ☐ Yes ☐ No If yes, number of days? _____

Employee enrolled as ☐ Contributory ☐ Noncontributory Verified by ATRS _____

Member's first paid day of service (*Month/Day/Year*) _____